

Foster Family Home - Corrective Action Report

Provider ID: 1-170057

Home Name: Mary Vares, NA

Review ID: 1-170057-1

91-846 Makaonaona Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 10/20/2017

End Date: 11/11/2017

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Home visit made for a new 2 client CCFFH certification survey. Corrective Action Report was issued with all required items due to CTA by 11/4/2017.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1) & 7.1(a)(2)
No APS/CAN/Fingerprinting for HHM#3 and HHM#4 present in the home.

Carrie Wakai
Compliance Manager

Mary Grace Vares
Primary Care Giver

10-20-17
Date

10-20-17
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Mary Grace E. Vares
CCFFH Address: 91-246 MAKALANALANA ST. EWA BEACH HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7-1-a1	set of Aps/scan	10/30/17	Home will use desk top
7-1-a-2	Finger printing completed for House Hold member #3 #4 and its stored in my binder at home.	10/30/17	post it notes (Reminder) Outlook calendar set it remind of date appt. Input all due dates requirements on my phone calendar set it remind of the appt.

Primary Caregiver's Signature: Mary Grace Vares

Print Name: Mary Grace Vares

Date of Signature: 11-11-17